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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-3877		
1. TITLE OF NEWSPAPER		2. DATE 09/23/19
3. FREQUENCY OF ISSUE Weekly		3A. NO. OF ISSUES PUBLISHED ANNUALLY 52
3B. ANNUAL SUBSCRIPTION PRICE \$ 35.00		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) 401 Mellette St. Bonesteel, SD 57317		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 401 Mellette St. Bonesteel, SD 57317		
6. FULL NAME OF PUBLISHER: Kelly Wollman		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME		COMPLETE MAILING ADDRESS
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) None		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		40
B. PAID AND/OR REQUESTED CIRCULATION		325
1. Sales through dealers and carriers, street vendors, and counter sales.		75
2. Mail Subscription (Paid and or requested)		260
3. Paid Electronic Copies		15
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		303
D. FREE DISTRIBUTION		10
1. BY MAIL, CARRIER OR OTHER MEANS		10
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		310
F. COPIES NOT DISTRIBUTED		50
1. Office use, left over, unaccounted, spoiled after printing		12
2. Return from News Agents		0
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		325

**Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:**

I swear that the statements made by me are true, correct and complete.

John William
(Signature)

State of South Dakota

1

County of

3

BRAD PISTULKA

264 N

SOUTH DAKOTA

Form: SOS REC TST 9/2016

Owner/Publisher
(Title)

Sworn ~~in before~~ me this 30 day of September, 20 19

Notary Public

My commission expires: 8-31-2023